

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91881 029 ***158.75

DOCUMENT # P02000008928

1. Entity Name
WORLD TV COMMUNICATIONS, INC



Principal Place of Business
7866 N.W. 46 STREET
MIAMI FL 33166

Mailing Address
7866 N.W. 46 STREET
MIAMI FL 33166



2. Principal Place of Business
2163 NW 141TH AV
Suite, Apt. #, etc.

3. Mailing Address
2163 NW 141TH AV
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES, FL
Zip 33028 **Country** USA

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PEMBROKE PINES, FL
Zip 33028 **Country** USA

4. FEI Number **Applied For**
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PENA, MARIORY
2163 N.W. 141ST AVENUE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name **MARGIORY C. PEÑA**
Street Address (P.O. Box Number is Not Acceptable)
2163 NW. 141TH AV
7
City **PEMBROKE PINES, FL** **Zip Code** **33028**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Margiory C. Peña** **4/30/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CARRILLO, VICTOR	
STREET ADDRESS	2163 N.W. 141ST AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARRILLO, BELKIS	
STREET ADDRESS	2163 N.W. 141ST AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENA, MARGIORY	
STREET ADDRESS	2163 N.W. 141ST AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGIORY PEÑA	
STREET ADDRESS	2163 NW 141TH AV	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR CARRILLO	
STREET ADDRESS	2163 NW 141TH AV.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **Margiory C. Peña** **4/30/03** **(954) 4371024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)